

Schedule C

Authorized Personnel Form

Acco	unt Name:		
1.	Client agrees that the following pe Services Agreement on behalf of C	rson shall be designated as the Authorized Contact for this Profess lient.	sional
	Name	 Date	
	E-mail address:		
2.	Client and Kroll Background America, Inc. ("Kroll"), acknowledge that in order to ensure and verify that Kroll has received a request for background information on an employee or prospective employee of Client, the following personnel is/are authorized by Client to make a request for background information:		
	Name	Date	
	E-mail address:		
	Name	 Date	
	E-mail address:		
	Name	Date	
	E-mail address:		
3.	Client shall notify Kroll if the Autho to have proper authority to request	orized Contact or any of the Authorized Personnel identified above of background information.	ease
4.	Schedule C is amended by Client C sends Kroll email notification	dating its list of Authorized Personnel in writing. Unless and unti in writing or one of Client's Authorized Personnel listed on this Sche of a change to this Schedule C, then only requests for backgr erson(s) listed above shall be valid and binding upon Client.	edule
	Signature	Date	

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